## APPLICATION FOR STATE OF MAINE IDENTIFICATION CARD

FEE \$5.00

	(PLEASE	PRINT CLEARLY)		
NAME:				j
FIRST	T MID	DLE	LAST	
MAILING ADDRESS:				
	STREET/P.O. BOX	CITY/ TOWN	STATE	ZIP
ACTUAL RESIDENCE: _				
	STREET/ROUTE	CITY/TOWN	STATE	ZIP
DATE OF BIRTH: /	/ SEX: ( ) MAL	E () FEMALE _		
			SOCIAL SECURITY N	JMBER
HEIGHT: FT IN.	WEIGHT:LBS	. HAIR COLOR: _	EYE COLOR:	
This statement is made in Social Security Number is driver's license or non-dri dentification purposes and "I UNDERSTAND TH	OCIAL SECURITY NUM accordance with the Feder mandatory and is require ver identification card. Yod will be kept confidential.  AT KNOWINGLY SUPPLER TITLE 17-A, PUNISH MONETARY FINE OF	ral Privacy Act of 19 d by 29-A MRSA § 1 ur social security nu LYING FALSE INF ABLE BY CONFINI	74, Section 7(b). Disclosur 1301(5) and (6) to apply for number will be used solely for ORMATION ON THIS F EMENT OF UP TO 364 D	or or renew a
SIGNATU	RE IN INK	DA	ATE	

SEE REVERSE FOR I.D. REQUIREMENTS

## 2 OF THE FOLLOWING DOCUMENTS ARE REQUIRED FOR IDENTIFICATION ONE MUST INDICTE YOUR DATE OF BIRTH AND THE OTHER MUST BEAR YOUR WRITTEN SIGNATURE. IF YOU ARE THE HOLDER OF A DRIVER'S LICENSE FROM ANY STATE OR PROVINCE, THAT LICENSE MUST ALSO BE PRODUCED.

BAPTISMAL RECORDS	DRIVER'S LICENSE	DRAFT CARD
ADOPTION PAPERS	DRIVER'S PERMIT	CONCEALED WEAPONS PERMIT (GUN PERMIT)
SOCIAL SECURITY CARD	COPY OF MARITAL APPLICATION	COURT ORDER
PASSPORT	CERTIFICATE OF MARRIAGE	DIVORCE PAPERS
MILITARY I.D. CARD	CITIZENSHIP PAPERS	SCHOOL RECORD/ TRANSCRIPT (CERTIFIED
MILITARY DEPENDENT I.D. CARD	DRIVER EDUCATION CARD	MEDICAL RECORDS FROM DOCTOR/HOSPITAL
MILITARY DISCHARGE/ SEPARATION (DD-214)	BIRTH CERTIFICATE	PARENT/GUARDIAN, (PARENT/GUARDIAN MUST APPEAR IN PERSON AND PROVE HIS/HER IDENTITY. APPLIES ONLY TO MINORS)
ISSUING	<del></del>	